

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Pima  
District of Miami  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181  
County Registrar No. 505  
Local Registrar No. 505

2. Full name of child Carlos Castillo } If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child Male } If child is not yet named, make supplemental report, as directed.

4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth Feb 27 1926  
7. Month Feb day 27 year 1926  
8. No., in order of birth \_\_\_\_\_

3. FATHER  
Full name Carlos Castillo

14. MOTHER  
Full maiden name Romana Montoya

9. Residence (Usual place of abode) Miami  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Miami  
If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican 11. Age at last birthday 38 (Years)

16. Color or race Mexican 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_

18. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_

13. Occupation Miner  
Nature of industry \_\_\_\_\_

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother { (a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 10 P.M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature Nelson D. Brayton (Physician or midwife)  
Address Miami, Fla.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_ Filed Feb 27, 1926 Local Registrar.

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

336-227-341